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STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

1594 West North Temple - Suite 1210 Box 145801 Salt Lake City, Utah 84114-5801 Telephone: (801) 538-5340 Fax: (801) 359-3940

LARGE MINING OPERATIONS PROGRESS REPORT January 1, 20/4 to December 31, 20/4

The information required in this form is based on provisions of the Mined Land Reclamation Act, Title 40-8, and the R647 rules under the Utah Minerals Regulatory Program. It is due January 31 of each year.

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| 1. | Mine Permit Number: |
| 2. | Mine Name: Nicken Sand Stone Quany |
| 3. | Name of Operator/Permittee: Ash Grove Company |
| | Note: If Operator's address, company representative, or phone number has changed, please provide a replacement page for the Notice of Intention together with form MR-REV available on the Division's web page at https://fs.ogm.utah.gov/pub/mines/minerals_related/forms/MR-REV.pdf. |
| 4. | Report the gross amount of ore mined and waste moved: |
| | Gross Ore Mined 89858 Tons, oryd ³ Waste Material Moved Tons, oryd ³ |
| | Disposition of this material: |
| | Disposition of this material. |
| 5. | New disturbance created during the year Acres |
| - | Area regraded during the year Acres |
| | Area of active operations Area of active operations Acres Acres Acres |
| | Total area regraded but not yet runy released |
| | Total disturbed area at the end of the year 42.5 Acres* |
| | *The total disturbed area includes areas of active operations and regraded and seeded areas that have not been fully released. It should not be greater than the permitted/bonded acreage. |
| 6. | Briefly describe the reclamation work performed during the past year. (Submit form MR- |
| | SITE (https://fs.ogm.utah.gov/pub/mines/minerals_related/forms/MR-SITE.pdf) to apply for |
| | full or partial bond/site release) Attach additional sheets if needed. |
| | No Reclamation work Performed |
| | |
| 7. | Include an updated map depicting surface disturbance and reclamation performed during the year (Rule R647-4-105). |
| | the distribution of the period of the best of my |
| I her knowledge ar | eby certify the information provided in this report is true and correct to the best of my nd belief. |
| | Name (Typed or Print): OSHOA NOUSON |
| | Title of Operator: Process Engineer |
| | Signature of Operator: Coshis All |
| | Date: 12/22/2014 |
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